

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 OF 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Michael James Kasotakis

Mailing Address 610 Geddes Ridge

City

Ann Arbor

State

MI

Zip Code

48104-4145

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Huron Valley Radiology

Occupation

Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 08 / 2014

Transaction ID : C2729555

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael E Katz

Mailing Address 8769 Escondido Way E

City

Boca Raton

State

FL

Zip Code

33433-2512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ICSF

Occupation

Pediatric Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 06 / 2014

Transaction ID : C2727388

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dennis Kay

Mailing Address 834 Lakeshore Parkway

City

New Orleans

State

LA

Zip Code

70124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oschner Health System

Occupation

Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 12 / 2014

Transaction ID : C2730419

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►